FILING DATE SERIAL NO. 10/005.642 MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPYCENTIST (FOR USE WITH FORM PTO-875) -30-04 CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT DEP. OEP. BCD, DER IND. MD. DEP. DID, DER IND. ස 88. . 88 TOTAL BND. TOTAL DEP. TOTAL CLAIMS i d TOTAL MD. **₽ a**. **₽**

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-74)

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